

September 3, 2020

Attention: Judge Joseph Laplante

Dear Judge Laplante;

I am writing this letter of support for Joshua Cook, (dob) [REDACTED]/1997. I met Joshua when he was youth incarcerated at Sununu Youth Services Center (SYSC) and I was his Clinical Therapist on the Substance Abuse Unit. My professional history with Joshua started in 2012 when he was 14 and ended on 9/2015 when I resigned and then continued (therapeutically) for approximately six months once Joshua left SYSC until his juvenile probation officer was able to find him another therapist. In my clinical observations and reviews, Joshua experienced significant trauma and abandonment from both his mother and father from a very early age, although, his father, quickly repaired the relationship, and has continued to support him throughout his adolescent years and young adult life.

As determined by the Adverse Childhood Experience (ACE) data, CDC-Kaiser study: the psychological damage that Joshua experienced in his early childhood development had already taken a significant toll on him before he was incarcerated at SYSC. The ACE questionnaire measures 10 types of childhood or teen traumas that occurred before age 18, including abuse, neglect, and household dysfunction; exposure to physical abuse, verbal abuse, sexual abuse, emotional neglect, physical neglect, and having a parent who was an alcoholic or used drugs. Over all, the higher the number scored on the ACE questionnaire, the greater the risk potential. According to the ACE questionnaire, Joshua meets almost every marker, except for one, (sexual abuse) that I am aware of. When a young person is exposed to constant parental violence, drug use, home life instability, emotional abuse, and mental illness, they are more likely to seek out illegal substances and engage in risky behaviors to get their needs met, more likely to become incarcerated and additionally, as these young people become adults, they have an increased predisposition to not only substance misuse, mental health but overall physical health issues.

The ACE questions were imbedded in the UCLA PTSD questionnaire that Joshua was administered twice during his time at SYSC. Joshua completed the screening on the computer, these are a few highlighted statements on his screening dated 10/2/2014 and reviewed with this clinician:

"I feel alone inside and not close to other people" - Much 2-3 times a week

"I feel like being by self and not being with my friends" - Much 2-3 times a week

"I feel that some of what happened is my fault" - Some -1-2 times a week

"When sometime reminds me of what happened, I have strong feelings in my body, like my heart beats fast, my head aches, or my stomach aches" Most - every day

"I think I will not live a long life" Much 2-3 times a week

"I have arguments or physical fights" Much-2-3 times a week

"These days, my mother supports and cares a lot about me" Rarely True

"These days, my father supports and cares a lot about me" Often True

Joshua's screening indicated he scored positive for PTSD at 27, positive for Depression at 12, positive for the CRAFT, and he had a Resiliency factor of 74.

As evident in Joshua's historical information from SYSC, numerous failed medication trials, lack of impulsive control, repeated disruptive behaviors in his Unit and school environment that caused him to be sent to the Crisis Stabilization Unit, bullying behaviors, and increased substance misuse, he was and is a young person in great distress. When Joshua was diagnosed with Hepatitis C, and he reported the information to me, his affect was flat. He stated that he "knew he was going to contract it sooner or later."

Joshua was always very emotionally attached to his mother when he was in treatment. It was a very difficult relationship for him. There were numerous times when his mother would not take his phone calls, show up for visitation and/or family therapy sessions scheduled. This would cause him intense emotional pain, he would often cry (in my office) and be hostile to others in his Unit. In an effort to rebuild the relationship, because she was not showing up, this writer encouraged numerous bonding phone sessions and appointments between Joshua and his mother. There is documentation, where this writer observed Joshua's mother give him contraband after a family therapy session. This resulted in Joshua intentionally overdosing on the pills she gave him when confronted, a visit to the ER, additional charges for him at SYSC and charges for his mother. Joshua was not able to see or contact his mother after the incident while he was in SYSC and that was very difficult for him, especially because all he wanted was her love. Joshua was more of a friend to his mother than her child and she did not seem to understand the consequences of her behaviors, that she was endangering his life and lives of other young people at SYSC. Additionally, she did not seem to understand then or in the future the great danger that her substance misuse and sharing heroin would do her son's life.

Joshua was diagnosed on 4/9/2015 according to the DSM V
F90.2 Attention-Deficit Hyperactivity Disorder, Combined Type
F91.3 Oppositional Defiant Disorder
F43.10 Post-Traumatic Stress Disorder
F41.1 Generalized Anxiety Disorder
F11.20 Opioid dependence, Severe

Joshua is a victim of his circumstances. He is a child/young adult of significant trauma, raised in an environment where illegal substances are the norm, witnessing abuse and being victim to abuse is the norm, untreated mental illness is prevalent, drug use/abuse and incarceration is expected. However, Joshua is resilient in many ways, as evident by the fact that he was able to graduate from High School despite numerous educational setbacks and spending his entire high school academic career at Sununu Youth Services Center. He was able to form and keep a positive relationship with this therapist (writer) built on trust, even when he and his mother were faced with charges for illegal drugs brought into SYSC, he continued to treat this writer with respect. He is talented in both basketball and as an artist, skills that he learned as a way to cope with his trauma.

I encourage the justice system to seek alternative sentencing for Joshua and understand that he is a young person who is in need of treatment not additional incarceration. Treatment for his significant childhood and adult trauma and his substance misuse. I believe that Joshua can be a productive member of our society if given an opportunity to make restorative amends.

Respectfully,

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